

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	362709.34	
(c) Total Receipts (from Line 19)	43443.46	168111.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	406152.80	505477.30
7. Total Disbursements (from Line 31)	28854.85	128179.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	377297.95	377297.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2012

To:

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

31907.63

129466.39

(ii) Unitemized

10771.06

36303.49

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42678.69

165769.88

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42678.69

165769.88

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

764.77

2341.23

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

43443.46

168111.11

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

43443.46

168111.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	854.85	2599.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	854.85	2599.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	124000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1580.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1580.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28854.85	128179.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28854.85	128179.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42678.69	165769.88
34. Total Contribution Refunds (from Line 28(d))	1000.00	1580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41678.69	164189.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	854.85	2599.35
37. Offsets to Operating Expenditures (from Line 15, page 3).....	764.77	2341.23
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	90.08	258.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angela M Albrecht MD

Mailing Address 2628 Nw 182Nd St

City

Edmond

State

OK

Zip Code

73012-0690

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2012

Transaction ID : C1630674

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Wayne J Altman MD

Mailing Address 10 Coyne Dr

City

Woburn

State

MA

Zip Code

01801-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2012

Transaction ID : C1630690

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Cindy Lee Behrens MD

Mailing Address 2121 Windermere Cir

City

Pensacola

State

FL

Zip Code

32503-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Urgent Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1642369

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremy H Beireis MD

Mailing Address 2410 Sunrise Ridge Cir
Apt 210

City State Zip Code
Brookings SD 57006-2479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Azera Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1638958

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd
201 Cassel Dr

City State Zip Code
Kingsport TN 37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : C1630680

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ellen Sandra Brull MD

Mailing Address 830 Arbor Ln

City State Zip Code
Glenview IL 60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2012

Transaction ID : C1626050

Amount of Each Receipt this Period

83.40

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Marvin Carter MD

Mailing Address PO BOX 506

City State Zip Code
Huntingdon TN 38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2012

Transaction ID : C1648125

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Maheswari Chinimilli MD

Mailing Address 201 Rabern Ct Apt 2512

City State Zip Code
Belton TX 76513-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott Xwhite

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1645963

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Yushu Jack Chou MD

Mailing Address 2691 E California Blvd

City State Zip Code
San Marino CA 91108-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1639020

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Bice Clemow MD

Mailing Address 324 Addis Cir

City

Anderson

State

SC

Zip Code

29626-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer

AN Med Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1639032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Janis Strickland Coffin DO

Mailing Address 1552 River Island Pkwy

City

Evans

State

GA

Zip Code

30809-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1638960

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. William Joseph Conforti MD

Mailing Address 236 Lakewood Rd

City

Greensburg

State

PA

Zip Code

15601-9750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1642383

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven A Crawford MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

04 / 16 / 2012

Transaction ID : C1648177

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

B. Manuel O Crespo DO

Mailing Address 14575 S Bryant Ave

City

Edmond

State

OK

Zip Code

73034-8139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integris

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1639027

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Byron James Crouse MD

Mailing Address 5825 Osmundsen Ct

City

Fitchburg

State

WI

Zip Code

53711-5146

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 26 / 2012

Transaction ID : C1645994

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1063.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dewayne P Darby MD

Mailing Address 1810 Bishop Ave Ste A

City

Jefferson City

State

TN

Zip Code

37760-1997

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 26 / 2012

Transaction ID : C1645990

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

04 / 30 / 2012

Transaction ID : C1648188

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Michael O Fleming MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2012

Transaction ID : C1648176

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Armand V Gallanosa MD

Mailing Address 3113 Broadway St

City

Anderson

State

IN

Zip Code

46012-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Medical Management

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1642371

Amount of Each Receipt this Period

730.00

Full Name (Last, First, Middle Initial)

B. Roland Adolph Goertz MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

04 / 03 / 2012

Transaction ID : C1624477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mary Nolan Hall MD

Mailing Address PO BOX 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Healthcare System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 26 / 2012

Transaction ID : C1645986

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1595.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

112.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2012

Transaction ID : C1637909

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
Vass NC 28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

112.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2012

Transaction ID : C1648201

Amount of Each Receipt this Period

112.00

Full Name (Last, First, Middle Initial)

C. Daniel J Heinemann MD

Mailing Address PO BOX 5039

City State Zip Code
Sioux Falls SD 57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1648184

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1412.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Lynn Hicks MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patients First

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	2

Transaction ID : C1644838

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. David J Hoelting MD

Mailing Address PO Box 609

813 Lloyd Street

City

Pender

State

NE

Zip Code

68047-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	1	2

Transaction ID : C1642220

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey J Hoffmann DO

Mailing Address PO BOX 370

City

Guttenberg

State

IA

Zip Code

52052-0370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	2

Transaction ID : C1635823

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mikel D Holland MD

Mailing Address 100 Mac Ln

City

Pierre

State

SD

Zip Code

57501-3391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1642376

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Amr Sabry Kamhawy MD

Mailing Address 33358 Waterberry Cir

City

Waukee

State

IA

Zip Code

50263-7011

FEC ID number of contributing
federal political committee.

C

Name of Employer

I.H.S.

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 26 / 2012

Transaction ID : C1646031

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. James Darrel King MD

Mailing Address 270 E Court Ave

Ste B

City

Selmer

State

TN

Zip Code

38375-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primecare Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1642370

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laura C Knobel MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1638965

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. William Eric Kobler MD

Mailing Address 6729 Millbrook Dr

City

Rockford

State

IL

Zip Code

61108-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSF Healthcare Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646030

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

c. Robert M Kuhnhen DO

Mailing Address 4366 Bradley Rd

City

Westlake

State

OH

Zip Code

44145-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1639008

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

885.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert B Laibstain MD

Mailing Address 6072 River Cres

City

Norfolk

State

VA

Zip Code

23505-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

TPMG - Newport News

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : C1625884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith Jay Lehman MD

Mailing Address 16 Monterey Ct

City

Archbold

State

OH

Zip Code

43502-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Community Health Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : C1625940

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David Ashley Lynch MD

Mailing Address 120 N Shore Dr

City

Bellingham

State

WA

Zip Code

98226-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care Network

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : C1630675

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

870.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ernest E Martin MD

Mailing Address 114 North Dr

City

Covington

State

LA

Zip Code

70433-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : C1646025

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Timothy R McCurry MD

Mailing Address 1420 Garden St

City

Park Ridge

State

IL

Zip Code

60068-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainbow Hospice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

Transaction ID : C1639024

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Brian Walter Meeker DO

Mailing Address 214 W 10th St

City

Vinton

State

IA

Zip Code

52349-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2012

Transaction ID : C1645995

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2012

Transaction ID : C1624475

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : C1630671

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1642373

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1645961

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Johanna Meyer-Mitchell MD

Mailing Address 2700 Grant St Ste 200

City

Concord

State

CA

Zip Code

94520-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muir/Diablo Primary Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646018

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : C1643813

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Allyn Munzing MD

Mailing Address 10948 Dishman Place

City
Tustin

State
CA

Zip Code
92705-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer

So Cal Permanente Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1639034

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Varsha B Nagarsenker MD

Mailing Address 5841 N Rockingham Ln
Apt C

City

Mc Cordsville

State

IN

Zip Code

46055-6021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Physicians of Indiana

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 26 / 2012

Transaction ID : C1646028

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Mary S Nguyen Poole MD

Mailing Address 5727 Welsch Vw

City

San Antonio

State

TX

Zip Code

78249-3149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 06 / 2012

Transaction ID : C1625935

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

880.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Lynn O'Dell MD

Mailing Address 4704 Rockhill Rd

City

Kansas City

State

MO

Zip Code

64110-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1639058

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF
MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2012

Transaction ID : C1648126

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Tomas P Owens MD

Mailing Address 912 Fox Lake Ln

City

Edmond

State

OK

Zip Code

73034-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrus Health

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2012

Transaction ID : C1642299

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

995.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David E Page MD

Mailing Address 6204 Vengo Ct

City State Zip Code
 Alexandria VA 22312-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Permanente Medical Group

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : C1642385

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven Keith Perkins MD

Mailing Address Po Box 126

City State Zip Code
 Waukon IA 52172-0126

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 26 / 2012

Transaction ID : C1646029

Amount of Each Receipt this Period

465.00

Full Name (Last, First, Middle Initial)

C. Francis L Pisney MD

Mailing Address 322 1/2 College Ave

City State Zip Code
 Iowa Falls IA 50126-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ellsworth Hospital

Occupation
 Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1639037

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1330.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. William E Raduege MD

Mailing Address PO Box 553

City

Woodruff

State

WI

Zip Code

54568-0553

FEC ID number of contributing
federal political committee.

C

Name of Employer

William E Raduege, MD, SC (Corporation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2012

Transaction ID : C1630665

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David C Rau MD

Mailing Address 4232 N Riverside Dr

City

Columbus

State

IN

Zip Code

47203-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rau Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646026

Amount of Each Receipt this Period

115.00

Full Name (Last, First, Middle Initial)

C. Kristin M Reischer MD

Mailing Address 820 N Perley Brook Rd

City

Fort Kent

State

ME

Zip Code

04743-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

NMMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646055

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renee Roy Md Roy MD

Mailing Address 1812 Whispering Trl

City State Zip Code
 Midwest City OK 73130-7048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1639710

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City State Zip Code
 Northfield MA 01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gardner Family Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012

Transaction ID : C1642743

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City State Zip Code
 Hilliard OH 43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Grant Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : C1648185

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen M Santi MD

Mailing Address 942 Tall Pine Dr

City

Port Orange

State

FL

Zip Code

32127-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2012

Transaction ID : C1624469

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Gregory Larson Sawin MD

Mailing Address 636 Fulton St

City

Medford

State

MA

Zip Code

02155-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : C1625906

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward Jay Schwager MD

Mailing Address 6567 E Carondelet Dr Ste 555

City

Tucson

State

AZ

Zip Code

85710-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2012

Transaction ID : C1624466

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan I Schwartzstein MD

Mailing Address 753 N Main St

Dean Oregon Clinic

City

Oregon

State

WI

Zip Code

53575-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1645975

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terry Ann Scriven MD

Mailing Address 18 Old Ocean House Rd

City

Cape Elizabeth

State

ME

Zip Code

04107-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Max Health Maine LLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646063

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Patricia Ann Sereno MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hallmark Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2012

Transaction ID : C1643218

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2012

Transaction ID : C1642744

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joseph Douglas Smith MD

Mailing Address 5722 Gardner Ln

City

Bridgewater

State

VA

Zip Code

22812-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646017

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Patrick Brent Smith MD

Mailing Address 404 Bedford Pl

City

Brandon

State

MS

Zip Code

39047-4532

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi School of Me

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2012

Transaction ID : C1623323

Amount of Each Receipt this Period

88.89

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

558.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maureen P Strohm MD

Mailing Address 3835 Fairmeade Rd

City

Pasadena

State

CA

Zip Code

91107-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 06 / 2012

Transaction ID : C1625886

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kimberly Sue Stuckey-Schrock MD

Mailing Address 2442 Regents Walk
2

City

Germantown

State

TN

Zip Code

38138-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer

U of TN

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 18 / 2012

Transaction ID : C1642191

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Nicholee Ruth Theiss Kent MD

Mailing Address 1396 Graham Cir

City

Erie

State

CO

Zip Code

80516-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carbon Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 17 / 2012

Transaction ID : C1639022

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

930.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah Ann Travis Honeycutt MD

Mailing Address 160 Deer Forest Trl Ste D

City State Zip Code
 Fayetteville GA 30214-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012

Transaction ID : C1630669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bruce Van Vranken Md Van Vranken MD

Mailing Address 519 Avenida Buenos Aires

City State Zip Code
 San Clemente CA 92672-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : C1639009

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kenton I Voorhees MD

Mailing Address 7953 S Franklin Ct

City State Zip Code
 Centennial CO 80122-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Colorado School of Medic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2012

Transaction ID : C1637865

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Duane W Wages MD

Mailing Address 1194 Maxfli Dr

City State Zip Code
Akron OH 44312-5928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1638986

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Raymond R Walker MD

Mailing Address 4130 Persimmon Hill Cv

City State Zip Code
Bartlett TN 38135-5175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tenet Healthcare

Physician/Hospitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1639038

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City State Zip Code
Dahlonega GA 30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Chestatee Regional Hospital

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2012

Transaction ID : C1638967

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Willey MD

Mailing Address 863 Oriole Lane

City

Chaska

State

MN

Zip Code

55318-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2012

Transaction ID : C1646010

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

365.00

31907.63

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2341.23

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		03		2012

Transaction ID : C1624503

Amount of Each Receipt this Period

644.35

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2341.23

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		18		2012

Transaction ID : C1642375

Amount of Each Receipt this Period

120.42

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

764.77

TOTAL This Period (last page this line number only)..... ►

764.77

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three date pickers are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first picker shows '04', the second shows '02', and the third shows '2012'.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

43.06

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

31.36

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

11.38

85.80

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

8.13

Category/
Type

10.83

Category/
Type

120.58

139.54

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 42

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 23 2012

Transaction ID : D127880

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 24 2012

Transaction ID : D127881

Amount of Each Disbursement this Period

0.98

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 27 2012

Transaction ID : D127882

Amount of Each Disbursement this Period

1.30

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : D128714

Amount of Each Disbursement this Period

174.36

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 30 2012

Transaction ID : D128715

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. Bank Of America Merchant ServicesMailing Address WA2-505-01-40
PO Box 2485
City State Zip Code
Spokane WA 99210-2485
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 02 2012

Transaction ID : D127552

Amount of Each Disbursement this Period

391.95

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

574.26

854.85

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESSMailing Address 2931 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Transaction ID : D127662

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Republican National Committee

Mailing Address 310 1st St SE

City Washington State DC Zip Code 20003-1885

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Transaction ID : D127779

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Orrin G. HatchOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Transaction ID : D127665

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE	State RI	Zip Code 02940
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Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Sheldon Whitehouse

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: RI	District: 00

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2012

Transaction ID : D127660

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

27000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

A. Dr. Lori J Heim MD

Category/
Type

1000.00

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

1000.00

1000.00